.FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

VIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: December 31, 1996
Estimated average burden
hours per response. 16.00

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Prefix		Serial
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	This is an amendment and name has changed. and Concepts, Inc.	and indicate change.) 293555
Filing Under (Check box(es) that	apply): 🖾 Rule 504 🗀 Rule 505 🗀 Rul	le 506 🗆 Section 4(6) 🗇 ULOE
Type of Filing: A New Filing	☐ Amendment Texas Rule 13	9.19
	A. BASIC IDENTIFICATION I	DATA
1. Enter the information request	ed about the issuer	
Name of Issuer (C) check if the Media Internation	is is an amendment and name has changed, and all Concepts, Inc.	indicate change.)
Address of Executive Offices 7115 Macapa Drive	(Number and Street, City, State, Zip C Los Angeles, CA 90068	Code) Telephone Number (Including Area Code) 323-874-6125
Address of Principal Business Official different from Executive Offi	perations (Number and Street, City, State, Zip Coes)	Code) Telephone Number (Including Area Code)
Brief Description of Business Television and f:	ilm production and distribu	ution. 04032523
Type of Business Organization Corporation business trust	☐ limited partnership, already formed ☐ limited partnership, to be formed	D other (please specify): JUN 1 4 2004
Actual or Estimated Date of Inc	Month Year	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SAC(19/2/194) 1 01

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested	for the	following:			
· Each promoter of the issuer					
 Each beneficial owner having securities of the issuer; 					,
 Each executive officer and di 	rector of	corporate issuers and of	corporate general and m	anaging partner	s of partnership issuers; and
· Each general and managing	partner o	f partnership issuers.			
Check Box(es) that Apply: Property Description:	omoter	X) Beneficial Owner	X) Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Marcovsky, Michael				···	
Business or Residence Address (N	lumber a	nd Street, City, State, Z	ip Code)		
7115 Macapa Drive	Los A	Angêles, CA 90	0068		
Check Box(es) that Apply: D.P.	omoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Indi	vidual)				
		<u> </u>			
Business or Residence Address (N	vumber a	nd Street, City, State, Z	ip Code)		
Check Box(es) that Apply: Pr	omoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)	;		•	
Business or Residence Address (1	Number a	nd Street, City, State, Z	ip Code)		
Check Box(es) that Apply: Pr	omoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (Number a	und Street, City, State, 2	lip Codé)		
Check Box(es) that Apply: P	romoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address (Number a	and Street, City, State, 7	Zip Code)		
Check Box(es) that Apply: P	romoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Figure Check Check	romoter	☐ Beneficial Owner	☐ Executive Officer	Ci Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Number	and Street, City, State,	Zip Code)		

				B. IN	FORMAT	TON ABO	OUT OFFE	RING					
l Mae	the issuer s	ald as do	as the issue	s intend t	o sell to	200 -200ce	ired invest	ors in this	offering?			Yes	No X
i. rias	the izzner z	oid, or do					2, if filin					L.,	(A)
2 11/5-	t is the mir	·										No	ne
z. wna	t is the mir	nmum inv	estment in	at will be a	accepted 1	Offically it	(d) vidual.						
3. Does	the offerir	ng permit j	joint owne	rship of a	single uni	:?						Yes D	No X
4. Enter sion to be list the	r the inform or similar re listed is an he name of ealer, you n	nation requ emuneration associated the broke	ested for e in for solici d person or r or dealer.	ach person tation of p agent of: . If more t	who has burchasers a broker o han five (.	een or will in connecti r dealer re S) persons	be paid or on with sa gistered wi to be listed	given, dire les of secur th the SEC d are assoc	ectly or ind ities in the C and/or w	lirectly, any offering. I with a state	commis- la person or states.	I	
Full Name	(Last nam	ic first, if	individual)	· · · · · · · · · · · · · · · · · · ·							***************************************		
Business o	or Residence	e Address	(Number a	and Street,	City, Sta	te, Zip Co	de)						
Name of	Associated	Broker or	Dealer								··-//		
States in 1	Which Pers	on Listed	Has Solici	ted or lote	ends to So	licit Purch	asers			- 			
	"All States												States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA] [MN]	[HI] [MS]	[ID] [MO]
(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	{KY} [NJ]	[LA] [NM]	[ME] [NY]	[NC]	[ND]	[0H]	(OK)	[OR]	[PA	•
[RI]	(SC)	[SD]	[TN]	[XX]	(UT)	[VT]	[VA]	[WA]	[WV]	{ W[]	[WY]	(PR	}
	or Residence			and Street	, City, Sta	te, Zip Co	ode)						
States in	Which Pers	son Listed	Has Solici	ited or Int	ends to Sc	licit Purch	asers						
-	"All State												
[AL]	{ AK }	(AZ)	[AR]	[CA]	[CO]	(CT)	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	OI] OM)	
[IL] [MT]	[IN] [NE]	[AI] [VV]	(KS) (NH)	[KY]	(LA) (NM)	(ME) {NY}	[NC]	[MD]	[0H]	[OK]	(OR)	(P.A	
[R1]	(SC)	(SD)	[TN]	[TX]	[UT]	(VT)	(VA)	[WA]	[wv]	[wi]	[WY]	(PR	
Full Nan	ne (Last nai	me first, if	individua	1)	<u> </u>								
Business	or Residen	ce Addres	Number	and Stree	City St	ate. Zip C	ode)		- .				
20			(**************************************		.,,	,, -	,						
Name of	Associated	l Broker o	r Dealer						-	 	-		
States in	Which Per	rson Listed	1 Has Solid	cited or In	tends to S	olicit Purc	hasers				•		 ;
	k "All State												l Stati
[AL]		(AZ)	[AR]	[CA]	[CO]	ICTI	[DE]	[DC]	[FL]	[GA]	[HI]		
[11.]		[[A]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	(MS)		
[MT]		[NV]	[HN]	[N]	IMMI	[NY]	INCI	[ND]	[OH]	[OK]	[OR]		
[RI]	[SC]	[SD]	[TN]	{TX}	(UT)	[VT]	[V A]	[WA]	{WV}	(WI)	[WY]	[P	ĸį

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C DITTURE AND ALL AND		The same of the sa
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE.	OF PROCEEDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	22
	Equity	<u>1,000,00</u>	0, 99,750
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	<u>1,000,00</u>	O _s 99,750
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	s 99,750
	Non-accredited Investors		2
	Total (for filings under Rule 504 only)	3	s 99,750
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Towns	Dellas
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		S
	Total	-	<u>\$</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	u	\$
	Printing and Engraving Costs	G	\$
	Legal Fees		\$5,000
	Accounting Fees	a	S
	Engineering Fees	r _J	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	n	\$
	 .		F 000

28.	2004 2:11PM OFFERING PRICE, NUMBER O	F INVESTORS, EXPENSES AND	<u>use</u> NC). /336 <u>men</u>	9. 6
(o. Enter the difference between the aggregate offering ion 1 and total expenses furnished in response to Par adjusted gross proceeds to the issuer.	d C. Question 4.a. This difference	is the		94,74
1	indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount firstimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in a	for any purpose is not known, furni The total of the payments listed must	sh an equal bove, P	Payments to Officers, Directors, & Affiliates	Payments Others
	Salaries and fees		□ \$		
	Purchase of real estate		□ s		O \$
	Purchase, rental or leasing and installation of ma-	chinery and equipment	O s_		O \$
	Construction or leasing of plant buildings and fac	ilities	□ s		O \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	□ s_		O \$
	Repayment of indebtedness		O \$_		O \$
	Working capital		O \$_		os 94,75
	Other (specify):		D \$_		D \$
			O \$		os 94,75
	Column Totals		O 5_	 	O s
	Total Payments Listed (column totals added)	*****************		□ \$ <u>9</u>	4,750
					· · · · · · · · · · · · · · · · · · ·
33.8		PEDERAL SIGNATURE		*	
Coll	issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issues of its staff, the information furnished by the issued	er to furnish to the U.S. Securities at r to any non-accredited investor pur	nd Exch suant to	range Commis	ision, upon writte b)(2) of Rule 502
		gnature	_	Date	1. 0/01
	edia International Concepts	Inc. Hary form	7	P/	4104
Na	me of Signer (Print or Type)	itle of Signer (Print of Type) President			
	ichael Marcovsky				

-ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

MAY. 28. 2004 2:12PM		
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No CX

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	0 1		Date
Media Concepts International,	Inc.	Kurter	n ,	5/10/14
Name (Print or Type)	Title (Print of	Type)		, –
Michael Marcovsky	Presi	.dent		

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3			<u> </u>	5					
	<u>.</u>		Type of security		Disqualification under State ULOE					
	Intend to sell and aggregate							(if yes, attach		
		ccredited	offering price			nvestor and		explana	ation of	
		s in State -Item 1)	offered in state (Part C-Item!)			chased in State C-Item 2)		waiver granted) (Part E-Item1)		
	(att b	11(11)	(ran C-nemi)	Number of	\tare	Number of		(Fait E	-Item1)	
				Accredited '		Non-Accredited	,			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AL										
AK AZ										
AZ										
CA										
co						· · · · · · · · · · · · · · · · · · ·				
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APPENDIX

1	2 3		4					5 Disqualification		
	to non-a	to sell accredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State					
	(ran B	-Item I)	(Part C-Item1)	Number of	(Part	C-Item 2) Number of		(Part E-Item I)		
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
ИН										
ИJ										
NM										
NY										
NC										
ND				•						
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